

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0519225

Insp Area: 4

Thos Bros: 276J1

Site Address: 4420 DUCKHORN DR SAC St: #100

Sub-Type: TI

Parcel No: 225-0080-051  
N

DUCKHORN BUSINESS PARK SUITE #100

Housing (Y/N):

CONTRACTOR

VAN HOUTEN - OLAFSSON BUILDERS  
2048 BROOK MAR DR  
EL DORADO HILLS CA 95762

OWNER

REVERSE EXCHANGE PROPERTIES  
5101 FLORIN PERKINS RD  
SACRAMENTO, CA 95826

ARCHITECT

Nature of Work: T.I. CONSTRUCT A 4957 SF MEDICAL OFFICE-- revised SF 12/14/05dlv

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name

Lender's Address

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 866777 Date 1/2 '06 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. B & PC for this reason:

Date

Owner Signature

PAYED  
CITY OF SACRAMENTO

JAN 12 2006

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvements to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date

Applicant/Agent Signature

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier

NO EMPLOYEES

Policy Number

Exp Date

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date

Applicant Signature

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



Installation Card

Job Address

Stucco System Tradename: KWIK KOTE

COMMONS AT NATOMAS | Lot: 00044-9

Name of Stucco Manufacturer: KWIK KOTE CORP.

5394 KNOTTY PINE WAY

ICC Evaluation Service, Inc.

SACRAMENTO

Evaluation Report ESR-1711

Date of Job Completion

Stucco Contractor

Name: KENYON PLASTERING, INC.

Address: PO BOX 2077

North Highlands CA, 95660

Telephone Number: 916/349-8191

Approved Contract Number as issued by KWIK KOTE. 1001

This is to certify that the stucco system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the KWIK KOTE instructions.

*Julian A. Alvarez*  
Signature of authorized representative of stucco contractor

3-2-06  
Date

**AIR BALANCE COVER SHEET**

April 21, 2006

**PROJECT:**

Berger Rehab  
4420 Duckhorn  
Sacramento, CA 95834

**CONTRACTOR:**

VanHouten-Olafsson Builders  
2048 Brook Mar Drive  
El Dorado Hills, CA 95762

# HVAC SYSTEM REPORT

4/19/2006

**FAN NAMEPLATE DATA**

MANUFACTURER Carrier  
 MODEL 50HJQ006-521  
 TYPE H.P. Pack  
 SIZE 5Ton  
 SERIAL NUMBER 0906G30491

**FAN PULLEY DATA**

DIAMETER 3  
 SHAFT 3/4  
 ADJ/FIXED Fixed

**MOTOR NAMEPLATE DATA**

MANUFACTURER  
 VOLTS/PHASE 208/3  
 HORSEPOWER  
 FULL LOADS AMPS 5.8  
 RPM 1725

**MOTOR PULLEY DATA**

DIAMETER 3  
 SHAFT 3/4  
 ADJ/FIXED adjustable  
 BELT NO. & SIZE A40

**CONDENSING UNIT DATA**

MANUFACTURER  
 MODEL  
 TONNAGE  
 SERIAL NUMBER

**FAN**

**DESIGN ACTUAL**

TOTAL CFM	2000	2319
RETURN AIR CFM	1830	2152
OUTSIDE AIR CFM	170	167
FAN SPEED	1725	
STATIC PRESSURE +	0.3	0.3
STATIC PRESSURE -	0.2	0.2
TOTAL STATIC PRESSURE	0.5	0.5
FILTER STATIC PRESSURE		

**MOTOR**

AMPS	5.8	5.8
VOLTS	208	208
HORSEPOWER		
MOTOR SPEED	1725	1725

**FIELD FORMS AVAILABLE:**

- Duct Traverse Report
- System Diagram
- Exhaust Fan Report
- Pulley Calculations

Temperature In	70
Temperature Out	50
Drop/Rise	20

**DIFFUSERS AND GRILLS**

Room	Outlet Number	Code	Size	Required CFM	Final CFM	% Of Design
	1		10	200	275	
	2		8	150	201	
	3		8	150	194	
	4		10	200	200	
	5		8	150	159	
	6		8	150	242	
	7		8	150	198	
	8		8	150	255	
	9		8	150	349	
	10		8	150	246	
	1					
	2					

**REMARKS:**

2003 NCI, INC.

**Clarke & Rush Mechanical, Inc.**

**PROJECT**  
Berger Rehab

**SYSTEM**  
A/C #1

**READINGS BY**  
Brett Hopkins

**JOB NUMBER**  
05K5128

# HVAC SYSTEM REPORT

4/21/2006

**FAN NAMEPLATE DATA**

MANUFACTURER Carrier  
 MODEL 50HJQ006-521  
 TYPE H.P. Pack  
 SIZE 5Ton  
 SERIAL NUMBER 0706G30580

**FAN PULLEY DATA**

DIAMETER 3  
 SHAFT 3/4  
 ADJ/FIXED fixed

**MOTOR NAMEPLATE DATA**

MANUFACTURER  
 VOLTS/PHASE 208/3  
 HORSEPOWER  
 FULL LOADS AMPS 5.8  
 RPM

**MOTOR PULLEY DATA**

DIAMETER 3  
 SHAFT 3/4  
 ADJ/FIXED Adjustable  
 BELT NO. & SIZE A40

**CONDENSING UNIT DATA**

MANUFACTURER  
 MODEL  
 TONNAGE  
 SERIAL NUMBER

**FAN**

**DESIGN ACTUAL**

TOTAL CFM	2000	2260
RETURN AIR CFM	1830	1910
OUTSIDE AIR CFM	170	350
FAN SPEED	1725	
STATIC PRESSURE +	0.3	0.3
STATIC PRESSURE -	0.3	0.3
TOTAL STATIC PRESSURE	0.6	0.6
FILTER STATIC PRESSURE		
<b>MOTOR</b>		
AMPS	5.6	5.6
VOLTS	208	208
HORSEPOWER		
MOTOR SPEED		

FIELD FORMS AVAILABLE:  
 \_\_\_\_\_ Duct Traverse Report  
 \_\_\_\_\_ System Diagram  
 \_\_\_\_\_ Exhaust Fan Report  
 \_\_\_\_\_ Pulley Calculations  
 Temperature In 70  
 Temperature Out 50  
 Drop/Rise 20

**DIFFUSERS AND GRILLS**

Room	Outlet Number	Code	Size	Required CFM	Test 1	Final CFM	% Of Design
	1		8	150		147	
	2		8	150		140	
	3		8	150		148	
	4		8	150		152	
	5		8	200		210	
	6		10	200		198	
	7		10	250		235	
	8		6	50		49	
	9		6	50		47	
	10		10	250		243	
	1						

REMARKS:

2003 NCI, INC.

Clarke & Rush Mechanical, Inc.

**PROJECT**  
 Berger Rehab

**SYSTEM**  
 A/C #2

**READINGS BY**  
 Brett Hopkins

**JOB NUMBER**  
 05K5128

# HVAC SYSTEM REPORT

4/19/2006

**FAN NAMEPLATE DATA**  
 MANUFACTURER Carrier  
 MODEL 50HJQ006-521  
 TYPE H.P. Pack  
 SIZE 5Ton  
 SERIAL NUMBER 0706G30581

FAN	DESIGN	ACTUAL
TOTAL CFM	2000	2256
RETURN AIR CFM	1830	1977
OUTSIDE AIR CFM	170	279
FAN SPEED	1725	
STATIC PRESSURE +	0.3	0.3
STATIC PRESSURE -	0.3	0.3
TOTAL STATIC PRESSURE	0.6	0.6
FILTER STATIC PRESSURE		

**PROJECT**  
 Berger Rehab

**FAN PULLEY DATA**  
 DIAMETER 3  
 SHAFT 3/4  
 ADJ/FIXED Fixed

MOTOR		
AMPS	5.8	5.8
VOLTS	208	208
HORSEPOWER		
MOTOR SPEED		

**SYSTEM**  
 A/C #3

**MOTOR NAMEPLATE DATA**  
 MANUFACTURER  
 VOLTS/PHASE 208/3  
 HORSEPOWER  
 FULL LOADS AMPS 5.8  
 RPM 1725

**READINGS BY**  
 Brett Hopkins

**MOTOR PULLEY DATA**  
 DIAMETER 3  
 SHAFT 1/2  
 ADJ/FIXED Adjustable  
 BELT NO. & SIZE A40

**FIELD FORMS AVAILABLE:**  
 \_\_\_\_\_ Duct Traverse Report  
 \_\_\_\_\_ System Diagram  
 \_\_\_\_\_ Exhaust Fan Report  
 \_\_\_\_\_ Pulley Calculations

**JOB NUMBER**  
 05K5128

**CONDENSING UNIT DATA**  
 MANUFACTURER  
 MODEL  
 TONNAGE  
 SERIAL NUMBER

Temperature In 70  
 Temperature Out 50  
 Drop/Rise 20

### DIFFUSERS AND GRILLS

Room	Outlet Number	Code	Size	Required CFM	Final CFM	% Of Design
	1		6	100	137	
	2		6	100	565	
	3		10	200	599	
	4		10	250	325	
	5		10	250	445	
	6		10	250	385	
	7		10	250	185	
	1					

**REMARKS:**

2003 NCI, INC.

# HVAC SYSTEM REPORT

4/19/2006

### FAN NAMEPLATE DATA

MANUFACTURER Carrier  
 MODEL 50HJD007-521  
 TYPE H.P. Pack  
 SIZE 6Ton  
 SERIAL NUMBER 4405G40488

### FAN PULLEY DATA

DIAMETER 3  
 SHAFT 3/4  
 ADJ/FIXED Fixed

### MOTOR NAMEPLATE DATA

MANUFACTURER  
 VOLTS/PHASE 208/3  
 HORSEPOWER  
 FULL LOADS AMPS 5.8  
 RPM 1725

### MOTOR PULLEY DATA

DIAMETER 3  
 SHAFT 3/4  
 ADJ/FIXED Adjustable  
 BELT NO. & SIZE A40

### CONDENSING UNIT DATA

MANUFACTURER  
 MODEL  
 TONNAGE  
 SERIAL NUMBER

FAN	DESIGN	ACTUAL
TOTAL CFM	2400	2506
RETURN AIR CFM	2130	2231
OUTSIDE AIR CFM	270	275
FAN SPEED	1725	1725
STATIC PRESSURE +	0.3	0.3
STATIC PRESSURE -	0.3	0.3
TOTAL STATIC PRESSURE	0.6	0.6
FILTER STATIC PRESSURE		

### MOTOR

AMPS	5.8	5.5
VOLTS	208	208
HORSEPOWER		
MOTOR SPEED		

### FIELD FORMS AVAILABLE:

- Duct Traverse Report  
 System Diagram  
 Exhaust Fan Report  
 Pulley Calculations  
 Temperature In 70  
 Temperature Out 50  
 Drop/Rise 20

### DIFFUSERS AND GRILLS

Room	Outlet Number	Code	Size	Required CFM	Final CFM	% Of Design
	1		10	200	413	
	2		10	300	368	
	3		10	200	434	
	4		10	300	547	
	5		10	200	384	
	6		10	200	560	
	7		10	300		

REMARKS:

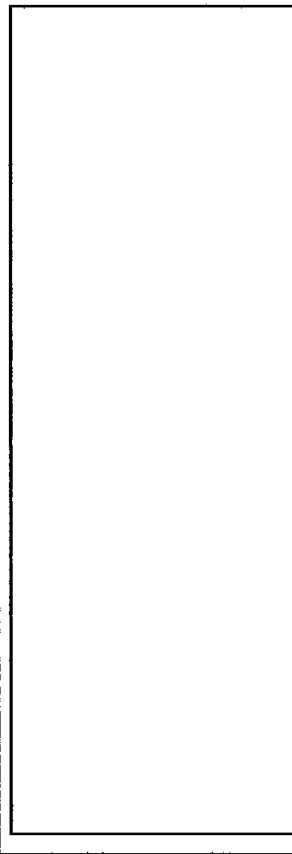
**Clarke & Rush Mechanical, Inc.**

PROJECT  
 Berger Rehab

SYSTEM  
 A/C #4

READINGS BY  
 Brett Hopkins

JOB NUMBER  
 05K5128





lot 44

Planning and Building Department  
Building Division

**CITY OF SACRAMENTO**  
CALIFORNIA

Downtown Permits Center  
1231 I Street, #200  
Sacramento, CA 95814-2998

North Permits Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834

Setbacks  
OK  
#4  
BBM  
UBA

ADDRESS 5394 Knotty Pine Wy PERMIT NO. 0514584

INSPECTION COMMENTS	PERMIT DOCUMENTS
10-25-05 B10, 11, 14, 42, 43 AP	BBB
10-31-05 B12 AP	(B)
11-11-05 ECT AP MDP	40084
12-13-05 B17, 26 CN	BBB
12-21-05 - 1317-26 - Tru	
1-19-06 B6, 18 AP	BBB
1-23-06 B14 AP	BBB
2-20-06 P47 AP	BBB
4-18-06 B-29 CN	BBB

FINAL APPROVALS	
BUILDING	<del>4-20-06</del> EARLY STAMP
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	



Plan : 162A;162(REV)

Work Order :

175691

Builder :

RENAISSANCE - THE COMMONS

Site Address : 5394 Knott's Vine

Permit # 0514584

FENESTRATION/GLAZING:

Manufacturer/Brand Name	Operator Type (e.g., fixed, slider)	Manufactured	Site Built Products		Quantity (optional)	Total Square Feet	Comments/Special Features
		Products Labelled U-value (< CF-1R value) <sup>2</sup>	# of Panes	Default U-Value <sup>2</sup>			
(GROUP LIKE PRODUCTS)							
1. WINDFORD WINDOW	Fixed	0.320				55.9	
2. WINDFORD WINDOW	P/Door	0.350				48.0	
3. WINDFORD WINDOW	H/Slider	0.350				92.5	
4. WINDFORD WINDOW	S/Hung	0.350				20.5	
5. * Weighted Average	----->	0.342	----	----	----	216.9	-----
6.							
7.							
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21.							
22.							
23.							
24.							
25.							

Installed U-value must be less then or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less then or equal to value from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is the equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and (3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

tem #s if applicable)

Signature, Date

*Handwritten signature and date 3/17/06*

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

*CWP*

tem #s if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

tem #s if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

Product mix and u-values reflect plan changes as of 02/22/06

**INSTALLATION CERTIFICATE**

Site Address 5394 Kaolty Place

Permit Number 0514584

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Furnace	Bryant 310JAV036070	1	80	Attic	6	17,810	51,000

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> [ $\geq$ CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split A/C	Bryant 537GNX030	1	14.0	Attic	6	20036	28,800

1.  $\geq$  reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Ronald Deal 10/17/05  
Signature, Date

Deal Mechanical, Inc.  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated <sup>1</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>3</sup> Loss (%)	External Insulation R-value <sup>1</sup>
Gas	A Heem 412R50-90TF	SD	N/A	N/A	26,000	50			19.2

- 2. For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor.
- For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input.
- For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- 3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Walter J. ... 4/13/06  
Signature, Date

Diachi  
Installing Subcontractor (Co. Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
HERS Provider (if applicable)  
Building Owner at Occupancy

From:

04/17/2006 15:03 #452 P.001/001

**RECAP**

SO FOOTAGE  
INSTALLED

85

**INSULATION CONTRACTORS  
ASSOCIATION  
OF AMERICA**

INSULATION  
CERTIFICATE

21 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 799-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE TITLE 24, STATE OF CALIFORNIA IN THE BUILDING LOCATED AT:

Renaissance LOT # 44 TRACT # Common  
STREET S394 Knotty Pine Way CITY Spc

**EXTERIOR WALLS:**

MANUFACTURER Fib THICKNESS/TYPE \_\_\_\_\_ R-VALUE 13.1

**CEILING:**

**BATT:**  
MANUFACTURER Fib THICKNESS/TYPE \_\_\_\_\_ R-VALUE 3.0

**BLOWN IN:**  
MANUFACTURER CT THICKNESS 12 R-VALUE 3.0

SQUARE FOOTAGE COVERED 600 NUMBER OF BAGS USED 11

**FLOORS:**  
MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

**SLAB ON GRADE:**  
MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

WIDTH OF INSULATION \_\_\_\_\_ INCHES

**FOUNDATION WALLS:**  
MANUFACTURER \_\_\_\_\_ THICKNESS/TYPE \_\_\_\_\_ R-VALUE \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_  
CALIFORNIA CONTRACTORS LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE TITLE

INSULATION CONTRACTOR ALCAL ARCADE CONTRACTING  
CALIFORNIA CONTRACTORS LICENSE # 015286  
NEVADA CONTRACTORS LICENSE # 0053201 DATE 2-23-06

AS SIGNATURE Installer TITLE